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To: Examiner Nathan A. Sloan
Art Unit: 2614

From: Thomas Spinelli

Fax: 1-703-872-9306

Pages: 12 (including fax cover sheet)

Phone:

Date: April 7, 2004

Re: Kaushal Kurapati
U.S. Patent Appln. No. 09/666,630
Our Docket: 17008 (US000240)

CC:

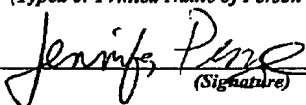
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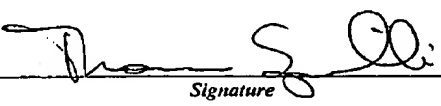
Attached for submission to the U.S. Patent and Trademark Office are the following:

- **Certificate of Transmission by Facsimile (2)**
- **Amendment Transmittal Letter (2)**
- **Response Under 37 C.F.R. §1.116**
- **Declaration Under 37 C.F.R. §1.131**

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Serial No. 09/666,630		Filing Date September 20, 2000	Examiner Nathan A. Sloan	Docket No. US000240 (17008)
Group Art Unit 2614				
Invention: TELEVISION PROGRAM RECOMMENDER WITH AUTOMATIC IDENTIFICATION OF CHANGING VIEWER PREFERENCES				
I hereby certify that this _____ Response Under 37 CFR 1.116 <i>(Identify type of correspondence)</i>				
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AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Kaushal Kurapati			Docket No. US000240 (17008)		
Serial No. 09/666,630	Filing Date September 20, 2000	Examiner Nathan A. Sloan	Group Art Unit 2614		
Invention: TELEVISION PROGRAM RECOMMENDER WITH AUTOMATIC IDENTIFICATION OF CHANGING VIEWER PREFERENCES					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32 -	32 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	6 -	6 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display:flex; justify-content:space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div></div></div>					
<div style="text-align:center"> _____ <i>Signature</i></div> <div>Thomas Spinelli Registration No. 39,533 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, NY 11530 (516) 742-4343 TS:jap</div>			<div>Dated: April 7, 2004</div> <div style="border:1px solid black; padding:5px; margin-top:10px;"><div style="text-align:center; font-size:small;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div><div style="text-align:center; font-size:small; border-top:1px solid black; margin-top:10px;">Signature of Person Mailing Correspondence</div><div style="text-align:center; font-size:small; border-top:1px solid black; margin-top:10px;">Typed or Printed Name of Person Mailing Correspondence</div></div>		
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